



Docket No.: 000166.0073-US02
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
J. Michael Ramstack et al.

Application No.: 10/681,142

Group Art Unit: 1615

Filed: October 9, 2003

Examiner: S. T. Tran

For: PREPARATION OF INJECTABLE
SUSPENSIONS HAVING IMPROVED
INJECTABILITY

TRANSMITTAL LETTER

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced
Patent Application:

1. Fee Transmittal;
2. Petition for Extension of Time under 37 CFR 1.136(a) (in duplicate);
3. Amendment in Response to Non-Final Office Action;
4. Third Supplemental Information Disclosure Statement;
5. Form PTO/SB/08a/b;
6. One cited document;

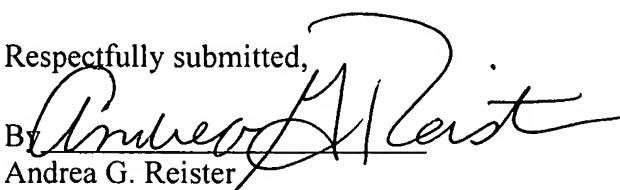
7. Check No. 001710 for \$300.00 to cover:
\$120.00 one-month extension of time fee;
\$180.00 IDS submission fee; and
8. Return receipt postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 000166.0073-US02. A duplicate copy of this paper is enclosed.

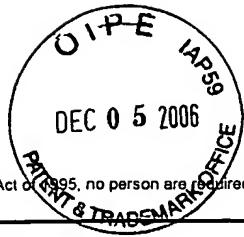
It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: December 5, 2006

Respectfully submitted,

By 
Andrea G. Reister

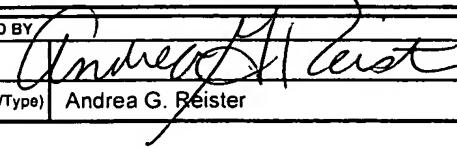
Registration No.: 36,253
COVINGTON & BURLING LLP
1201 Pennsylvania Avenue, N.W.
Washington, DC 20004-2401
(202) 662-6000
Attorney for Applicant



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEES TRANSMITTAL		Application Number	10/681,142-Conf. #6453
For FY 2006		Filing Date	October 9, 2003
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor	J. Michael Ramstack
TOTAL AMOUNT OF PAYMENT (\$ 300.00)		Examiner Name	S. T. Tran
		Art Unit	1615
		Attorney Docket No.	000166.0073-US02

METHOD OF PAYMENT (check all that apply)						
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____						
<input type="checkbox"/> Deposit Account Deposit Account Number: 50-0740 Deposit Account Name: Covington & Burling LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments			

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
<u>Fee Description</u>							
Each claim over 20 (including Reissues) _____ 50 25							
Each independent claim over 3 (including Reissues) _____ 200 100							
Multiple dependent claims _____ 360 180							
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>			
1	- 34 =	x _____	= _____	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____	
HP = highest number of total claims paid for, if greater than 20. _____							
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	_____			
1	- 6 =	x _____	= _____	_____			
HP = highest number of independent claims paid for, if greater than 3. _____							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u> </u>	
_____	- 100 =	/50	(round up to a whole number) x _____	= _____	<u> </u>		<u> </u>
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): 1251 Extension for response within first month _____ 120.00							
1806 Submission of an Information Disclosure Statement _____ 180.00							
SUBMITTED BY							
Signature  Name (Print/Type) Andrea G. Reister				Registration No. (Attorney/Agent)	36,253	Telephone (202) 662-6000	
				Date	December 5, 2006		